

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 09/12/2017
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445500	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 09/07/2017
NAME OF PROVIDER OR SUPPLIER PAVILION-THS, LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 1406 MEDICAL CENTER DRIVE LEBANON, TN 37087		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 157 SS=D	<p>483.10(g)(14) NOTIFY OF CHANGES (INJURY/DECLINE/ROOM, ETC)</p> <p>(g)(14) Notification of Changes.</p> <p>(i) A facility must immediately inform the resident; consult with the resident's physician; and notify, consistent with his or her authority, the resident representative(s) when there is-</p> <p>(A) An accident involving the resident which results in injury and has the potential for requiring physician intervention;</p> <p>(B) A significant change in the resident's physical, mental, or psychosocial status (that is, a deterioration in health, mental, or psychosocial status in either life-threatening conditions or clinical complications);</p> <p>(C) A need to alter treatment significantly (that is, a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or</p> <p>(D) A decision to transfer or discharge the resident from the facility as specified in §483.15(c)(1)(ii).</p> <p>(ii) When making notification under paragraph (g) (14)(i) of this section, the facility must ensure that all pertinent information specified in §483.15(c)(2) is available and provided upon request to the physician.</p> <p>(iii) The facility must also promptly notify the resident and the resident representative, if any, when there is-</p> <p>(A) A change in room or roommate assignment</p>	F 157	<p>F157 Notify of Changes</p> <p>An in-service will be held with all licensed nurses on 9/22/17 about notification of changes with an explanation of regulation intent.</p> <p>Any patient with a written order has the potential for error in processing.</p> <p>Protocol will be enforced for a triple check approach to prevent this type of error. The nurses processing orders will be educated. Our night shift staff will double check for processing accuracy. Nursing administration will check the next morning to verify correct processing.</p> <p>The DON or her designee will be responsible to verify protocol is followed and complete audits at irregular intervals for accuracy. Results will be monitored by QAPI committee.</p>	9/22/2017	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 157	<p>Continued From page 1 as specified in §483.10(e)(6); or</p> <p>(B) A change in resident rights under Federal or State law or regulations as specified in paragraph (e)(10) of this section.</p> <p>(iv) The facility must record and periodically update the address (mailing and email) and phone number of the resident representative(s). This REQUIREMENT is not met as evidenced by: Based on review of facility policy, medical record review, and interview, the facility failed to notify the physician of the family's request to hold a medication order for 1 resident (#65) of 27 residents reviewed.</p> <p>The findings included:</p> <p>Review of facility policy, Change in a Resident's Condition of Status, revised 4/5/16 revealed "...The Nurse Supervisor/Charge Nurse will notify the resident's Attending Physician or On-Call Physician when there has been...A need to alter the resident's medical treatment significantly..."</p> <p>Medical record review revealed Resident #65 was admitted to the facility on 3/20/17 with diagnoses including Alzheimer's Disease, Vascular Dementia with Behavioral Disturbance, Psychotic Disorder with Delusions, Mood Disorder with Depressive Features, Anxiety Disorder, Chronic Pain, Polyneuropathies, Anemia and Gastro-Esophageal Reflux Disease without Esophagitis.</p> <p>Medical record review of the Quarterly Minimum Data Set (MDS) dated 6/28/17 revealed Resident #65 was severely cognitively impaired.</p>	F 157			

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F 157	Continued From page 2 Medical record review of a Physician's Telephone Orders Audit dated 7/24/17 revealed "... (1) taper off Bupropion [antidepressant] QOD [every other day] x [times] 1 wk [week], then DC [discontinue], (2) Zoloft [antidepressant] 50 mg [milligrams]..." Medical record review of the 7/2017 through 8/2017 Medication Review Report revealed an order dated 8/8/17 for Bupropion 100 mg every other day for 1 week then DC and an order dated 8/8/17 for Zoloft 50 mg. Interview with Licensed Practical Nurse (LPN) #2 on 9/6/17 at 4:05 PM at the 100/200 hall nursing station confirmed she wrote the Physician's Telephone Orders Audit dated 7/24/17 for Resident #65. Further interview revealed the resident's daughter requested the 7/24/17 order be held until the daughter was able to review the genetic testing results for the resident. Continued interview with LPN #2 confirmed the facility failed to notify the prescribing Physician for clarification of the medication order. Interview with Director of Nursing (DON) on 9/6/17 at 4:20 PM in her office confirmed the facility failed to notify the prescribing Physician for clarification of the medication order dated 7/24/17 for Resident #65.	F 157			
F 278 SS=D	483.20(g)-(j) ASSESSMENT ACCURACY/COORDINATION/CERTIFIED (g) Accuracy of Assessments. The assessment must accurately reflect the resident's status. (h) Coordination A registered nurse must conduct or coordinate	F 278			

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F 278	<p>Continued From page 3</p> <p>each assessment with the appropriate participation of health professionals.</p> <p>(i) Certification</p> <p>(1) A registered nurse must sign and certify that the assessment is completed.</p> <p>(2) Each individual who completes a portion of the assessment must sign and certify the accuracy of that portion of the assessment.</p> <p>(j) Penalty for Falsification</p> <p>(1) Under Medicare and Medicaid, an individual who willfully and knowingly-</p> <p>(i) Certifies a material and false statement in a resident assessment is subject to a civil money penalty of not more than \$1,000 for each assessment; or</p> <p>(ii) Causes another individual to certify a material and false statement in a resident assessment is subject to a civil money penalty or not more than \$5,000 for each assessment.</p> <p>(2) Clinical disagreement does not constitute a material and false statement.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on medical record review, observation, review of the skin report, and interview, the facility failed to accurately assess a bruise on the skin report for 1 resident (#79) of 27 residents reviewed.</p> <p>The findings included:</p> <p>Medical record review revealed Resident #79 was</p>	F 278			

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F 278	<p>Continued From page 4</p> <p>readmitted to the facility on 10/3/14 with diagnoses including Osteoarthritis, Hypertension, Chronic Kidney Disease Stage 2, Anxiety, Aftercare Traumatic Fracture Bone Right Humerus, Pulmonary Embolism/Infarction, Vascular Dementia, Major Depressive Disorder, and Anemia.</p> <p>Observation on 9/5/17 at 2:18 PM revealed Resident #79 in her room in the wheelchair with a darkened bruise on the top of the right hand.</p> <p>Medical record review of the 9/6/17 Non-pressure Skin Report written by Registered Nurse (RN) #1 revealed no issue was identified regarding the skin condition.</p> <p>Observation on 9/7/17 at 7:42 AM in the main dining room revealed Resident #79 was in a wheelchair seated by the table self eating her meal. Further observation revealed the right hand bruise was now darker purple in color.</p> <p>Interview with Certified Nurse Aide (CNA) #1 on 9/7/17 at 10:50 AM at the 100/200 hall nursing station confirmed she had provided care for the resident the past 2 days. The CNA revealed the resident used her left hand to move her right hand so the resident could and did easily bump into something. Further interview revealed the CNA was not aware of the bruise.</p> <p>Interview with the Licensed Practical Nurse (LPN) #1 on 9/7/17 at 1:45 PM at the 100/200 hall nursing station confirmed she had provided direct care to Resident #79. Further interview revealed the LPN was not aware of the bruise on the right hand, "...no one reported it to me..."</p>	F 278	<p>F 278 Assessment accuracy</p> <p>An in-service will be held with all licensed nurses on 9/22/17 about accurate assessment and documentation.</p> <p>Patients receiving medication that affects coagulation are more likely for bruising to occur.</p> <p>An audit will be completed on all patients on these drugs to ensure non-pressure skin report assessments are completed and care plans address the potential bruising to guide assessments.</p> <p>The DON or her designee will be responsible to verify audits are completed before 9/22 and again monthly for 3 months and then quarterly until substantial compliance is achieved. Results will be monitored by QAPI committee.</p>	9/22/2017	

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F 278	Continued From page 5 Interview with Rehabilitation Staff #2 on 9/7/17 at 1:55 PM in the rehabilitation office confirmed she had been providing therapy for Resident #79 for several days and had seen the right hand bruise "...a few days ago...she bruises easily..." Interview with Registered Nurse (RN #1), with the Director of Nursing (DON) present, on 9/7/17 at 2:15 PM by the medication cart on the 200 hall confirmed the RN had done the skin assessment for Resident #79 on 9/6/17. Further interview confirmed the RN did not document the bruise on the skin report, but had "...noted the bruise for awhile, at least for 2 days, and I put nothing new on report..." When the RN was asked what she was to document on the skin report the RN stated "...I am to record whatever the skin status is regardless of what it is or how long it's been there..." Interview with the DON confirmed the facility failed to accurately assess the skin status of the resident.	F 278			
F 279 SS=D	483.20(d);483.21(b)(1) DEVELOP COMPREHENSIVE CARE PLANS 483.20 (d) Use. A facility must maintain all resident assessments completed within the previous 15 months in the resident's active record and use the results of the assessments to develop, review and revise the resident's comprehensive care plan. 483.21 (b) Comprehensive Care Plans	F 279			

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F 279	<p>Continued From page 6</p> <p>(1) The facility must develop and implement a comprehensive person-centered care plan for each resident, consistent with the resident rights set forth at §483.10(c)(2) and §483.10(c)(3), that includes measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment. The comprehensive care plan must describe the following -</p> <p>(i) The services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.24, §483.25 or §483.40; and</p> <p>(ii) Any services that would otherwise be required under §483.24, §483.25 or §483.40 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(c)(6).</p> <p>(iii) Any specialized services or specialized rehabilitative services the nursing facility will provide as a result of PASARR recommendations. If a facility disagrees with the findings of the PASARR, it must indicate its rationale in the resident's medical record.</p> <p>(iv) In consultation with the resident and the resident's representative (s)-</p> <p>(A) The resident's goals for admission and desired outcomes.</p> <p>(B) The resident's preference and potential for future discharge. Facilities must document whether the resident's desire to return to the community was assessed and any referrals to</p>	F 279			

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F 279	<p>Continued From page 7</p> <p>local contact agencies and/or other appropriate entities, for this purpose.</p> <p>(C) Discharge plans in the comprehensive care plan, as appropriate, in accordance with the requirements set forth in paragraph (c) of this section.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on medical record review, observation, review of the Non-pressure Skin Report, and interview, the facility failed to follow the care plan to report a change in skin condition for 1 resident (#79) of 27 residents reviewed.</p> <p>The findings included:</p> <p>Medical record review revealed Resident #79 was readmitted to the facility on 10/3/14 with diagnoses including Osteoarthritis, Hypertension, Chronic Kidney Disease Stage 2, Anxiety, Aftercare Traumatic Fracture Bone Right Humerus, Pulmonary Embolism/Infarction, Vascular Dementia, Major Depressive Disorder, and Anemia.</p> <p>Medical record review of the Care Plan dated 7/3/17 revealed Resident #79 was "...at risk for potential pressure ulcer development..." with Interventions "...weekly skin assessment, daily skin inspection, report new...areas to charge nurse for evaluation..."</p> <p>Observation on 9/5/17 at 2:18 PM revealed Resident #79 in her room in the wheelchair with a darkened bruise on the top of the right hand.</p> <p>Medical record review of the 9/6/17 Non-pressure Skin Report written by Registered Nurse (RN) #1</p>	F 279	<p>F279 Comprehensive Care Plans</p> <p>An in-service will be held with all licensed nurses on 9/22/17 about accurate assessment and care planning.</p> <p>Patients receiving medication that affects coagulation are more likely for bruising to occur.</p> <p>An audit will be completed on all patients on these drugs to ensure that care plans address the potential bruising.</p> <p>The DON or her designee will be responsible to verify audits are completed before 9/22 and again monthly for 3 months and then quarterly until substantial compliance is achieved. Results will be monitored by QAPI committee.</p>		9/22/2017

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F 279	Continued From page 8 revealed no issue was identified regarding the skin condition. Observation on 9/7/17 at 7:42 AM in the main dining room revealed Resident #79 was in a wheelchair seated by the table self eating her meal. Further observation revealed the right hand bruise was now darker purple in color. Interview with Certified Nurse Aide (CNA #1) on 9/7/17 at 10:50 AM at the 100/200 hall nursing station confirmed she had provided care for the resident the past 2 days. Further interview revealed the CNA was not aware of the bruise. Interview with the Licensed Practical Nurse (LPN #1) on 9/7/17 at 1:45 PM at the 100/200 nursing station confirmed she had provided direct care to Resident #79. Further interview revealed the LPN was not aware of the bruise on the right hand, "...no one reported it to me..." Interview with Rehabilitation Staff #2 on 9/7/17 at 1:55 PM in the rehabilitation office confirmed she had been providing therapy for Resident #79 for several days and had seen the right hand bruise "...a few days ago...she bruises easily..." Interview with the Director of Nursing on 9/7/17 at 2:54 PM in the conference room confirmed "someone didn't follow the care plan."	F 279			
F 281 SS=D	483.21(b)(3)(i) SERVICES PROVIDED MEET PROFESSIONAL STANDARDS (b)(3) Comprehensive Care Plans The services provided or arranged by the facility, as outlined by the comprehensive care plan,	F 281			

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F 281	<p>Continued From page 9 must-</p> <p>(i) Meet professional standards of quality. This REQUIREMENT is not met as evidenced by: Based on medical record review and interview, the facility failed to follow a physician's order for 1 resident (#65) of 27 residents reviewed.</p> <p>The findings included:</p> <p>Medical record review revealed Resident #65 was admitted to the facility on 3/20/17 with diagnoses including Alzheimer's Disease, Vascular Dementia with Behavioral Disturbance, Psychotic Disorder with Delusions, Mood Disorder with Depressive Features, Anxiety Disorder, Chronic Pain, Polyneuropathies, Anemia and Gastro-Esophageal Reflux Disease without Esophagitis.</p> <p>Medical record review of a Physician's Telephone Orders Audit dated 7/24/17 revealed the following order was written for Resident #65 "... (1) taper off Bupropion [antidepressant] QOD [every other day] x [times] 1 wk [week], then DC [discontinue] (2) Zoloft [antidepressant] 50 mg [milligrams]..."</p> <p>Medical record review of the 7/2017 through 8/2017 Medication Review Report revealed an order dated 8/8/17 for Bupropion 100 mg every other day for 1 week then DC and an order dated 8/8/17 for Zoloft 50 mg.</p> <p>Interview with Licensed Practical Nurse (LPN) #2 on 9/6/17 at 4:05 PM at the 100/200 hall nursing station confirmed she wrote the Physician's Telephone Orders Audit dated 7/24/17 for Resident #65. Further interview revealed the</p>	F 281	<p>F281 Services provided to meet professional standards</p> <p>An in-service will be held with all licensed nurses on 9/22/17 about processing physician orders.</p> <p>Any patient with an order has the potential for error in processing.</p> <p>Protocol will be enforced for a triple check approach to prevent this type of error. The nurses processing orders will be educated. Our night shift will double check for processing accuracy. Nursing administration will check the next morning to verify correct processing.</p> <p>The DON or her designee will be responsible to verify protocol is followed and complete audits at irregular intervals for accuracy. Results will be monitored by QAPI committee.</p>	9/22/2017	

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F 281	Continued From page 10 resident's daughter requested the 7/24/17 order be held until the daughter was able to review the genetic testing results for the resident. Further interview with LPN #2 confirmed the order on the Medication Review Report was dated 8/8/17 and not 7/24/17 as written. Interview with the Director of Nursing (DON) on 9/6/17 at 4:20 PM in her office confirmed the Physician's Order dated 7/24/17 for Resident #65 was not started until 8/9/17. The DON confirmed the facility failed to follow the Physician's Telephone Order Audit dated 7/24/17 as written for Resident #65.	F 281			